

Incident Information

URN: 9 1 1 - 0 8 0 4 2 - 0 5 6 2 - 1 4 5		Date: 7/1/11	Time: 0010 Hrs
Location:	Continental Av.	City or Station:	South El Monte 91733
Bureau/Station/Facility:	FOR-1 / Temple Station / Patrol	Admin. Investigation:	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
Type of Force:	Significant - Personal Weapons		
Deputy Injury: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	Suspect Injury YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
<input checked="" type="checkbox"/> Call	<input type="checkbox"/> Observation	<input type="checkbox"/> Detail	<input type="checkbox"/> Foot Pursuit <input type="checkbox"/> Vehicle Pursuit
IAB Notified: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	Person Notified: Lt. Alicia Ault	Emp:	IAB Roll Out: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

Involved Employee

Employee #	Last Name	First Name	Middle Name
	Mikesell	Steven	Frederick
Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Race: W	Unit of Assignment: Temple Station	Work Assignment (Unit #, Module, etc.): 55
Shift: <input checked="" type="checkbox"/> EM <input type="checkbox"/> Day <input type="checkbox"/> PM	<input checked="" type="checkbox"/> Regular Shift <input type="checkbox"/> OT Shift <input type="checkbox"/> Off Duty	Age:	Height: 6'00 Weight: 250 Lbs
<input checked="" type="checkbox"/> Injured <input type="checkbox"/> Treated <input type="checkbox"/> Admitted Hospital:	Coroner Case #		Directed Force <input type="checkbox"/> Significant Force <input checked="" type="checkbox"/>

Employee #	Last Name	First Name	Middle Name
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Race:	Unit of Assignment:	Work Assignment (Unit #, Module, etc.):
Shift: <input type="checkbox"/> EM <input type="checkbox"/> Day <input type="checkbox"/> PM	<input type="checkbox"/> Regular Shift <input type="checkbox"/> OT Shift <input type="checkbox"/> Off Duty	Age:	Height: Weight:
<input type="checkbox"/> Injured <input type="checkbox"/> Treated <input type="checkbox"/> Admitted Hospital:	Coroner Case #		Directed Force <input type="checkbox"/> Significant Force <input type="checkbox"/>

Employee #	Last Name	First Name	Middle Name
N/A			
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Race:	Unit of Assignment:	Work Assignment (Unit #, Module, etc.):
Shift: <input type="checkbox"/> EM <input type="checkbox"/> Day <input type="checkbox"/> PM	<input type="checkbox"/> Regular Shift <input type="checkbox"/> OT Shift <input type="checkbox"/> Off Duty	Age:	Height: Weight:
<input type="checkbox"/> Injured <input type="checkbox"/> Treated <input type="checkbox"/> Admitted Hospital:	Coroner Case #		Directed Force <input type="checkbox"/> Significant Force <input type="checkbox"/>

Additional Involved Employees

On Duty Supervisor

Emp. #	Last Name	First Name	Middle Name	Rank	Present	Witness to Incident
	Ruiz	Steven	Christopher	Sgt	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
Emp. #	Last Name	First Name	Middle Name	Rank	Present	Witness to Incident
					YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>

Watch Sergeant

Emp. #	Last Name	First Name	Middle Name
	O'Brien	Lynette	

Watch Commander

Emp. #	Last Name	First Name	Middle Name
	Moreno	Abel	

Abel Moreno
Watch Commander (Print Name)

Watch Commander's Signature:

Emp. # Date

Steven Ruiz
Supervisor Completing Form (Print Name)

Emp. # Copy Provided to Employee by:

Emp. #

Christopher Ruiz
Unit Commander (Print Name)

Unit Commander's Signature:

Emp. # Date

DISCOVERY Use Only

FO# 22979124R

SCANNED

Original: Discovery Unit

Copy: Unit Commander

SH-R-438P (Rev. 07/08)

Supervisor's Report on Use of Force SUSPECT INFORMATION

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S 1

Suspect Information									
Last Name		Jimenez		First Name		Ernesto		Middle Name	
AKA Last Name				First Name				Middle Name	
Sex:	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Race:	H	Street Address:		City:		State & Zip Code:	
Work Phone:		Home Phone:		Age:	32	Height:	5'10	D.O.B.	11-29-78
						Weight:	185	Armed?	<input type="checkbox"/>
Booking #:	2794024		Primary Charge Code:	69 P.C.		Secondary Charge Code:	12677 H&S		Criminal History
EMT in attendance?		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		Name:		Captain Ortiz		Unit:	LACO 90
Hospital Admission?		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		Rec'd Treatment At:		LACO USC MED CTR		Coroner Case #:	
By Doctor:		Alissandra Conforto		Address:		1983 Morengo St, Los Angeles CA, 90033		Phone #:	323-409-6711
Under Influence:		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		Substance:		Alcohol		Mental Illness	
Suspect Interview:									
Date:	07-01-11		Time:	0330		<input type="checkbox"/> Audiotape:	<input checked="" type="checkbox"/> Videotape:	<input type="checkbox"/> Photos of Injuries:	<input type="checkbox"/> ADMITS HEARING ANNOUNCEMENTS

S

Suspect Information									
Last Name				First Name				Middle Name	
AKA Last Name				First Name				Middle Name	
Sex:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Race:		Street Address:		City:		State & Zip Code:	
Work Phone:		Home Phone:		Age:		Height:		D.O.B.	
						Weight:		Armed?	<input type="checkbox"/>
Booking #:			Primary Charge Code:			Secondary Charge Code:			Criminal History
EMT in attendance?		<input type="checkbox"/> YES <input type="checkbox"/> NO		Name:				Unit:	
Hospital Admission?		<input type="checkbox"/> YES <input type="checkbox"/> NO		Rec'd Treatment At:				Coroner Case #:	
By Doctor:				Address:				Phone #:	
Under Influence:		<input type="checkbox"/> YES <input type="checkbox"/> NO		Substance:				Mental Illness:	
Suspect Interview:									
Date:			Time:			<input type="checkbox"/> Audiotape:	<input type="checkbox"/> Videotape:	<input type="checkbox"/> Photos of Injuries:	<input type="checkbox"/> ADMITS HEARING ANNOUNCEMENTS

S

Suspect Information									
Last Name				First Name				Middle Name	
AKA Last Name				First Name				Middle Name	
Sex:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Race:		Street Address:		City:		State & Zip Code:	
Work Phone:		Home Phone:		Age:		Height:		D.O.B.	
						Weight:		Armed?	<input type="checkbox"/>
Booking #:			Primary Charge Code:			Secondary Charge Code:			Criminal History
EMT in attendance?		<input type="checkbox"/> YES <input type="checkbox"/> NO		Name:				Unit:	
Hospital Admission?		<input type="checkbox"/> YES <input type="checkbox"/> NO		Rec'd Treatment At:				Coroner Case #:	
By Doctor:				Address:				Phone #:	
Under Influence:		<input type="checkbox"/> YES <input type="checkbox"/> NO		Substance:				Mental Illness	
Suspect Interview:									
Date:			Time:			<input type="checkbox"/> Audiotape:	<input type="checkbox"/> Videotape:	<input type="checkbox"/> Photos of Injuries:	<input type="checkbox"/> ADMITS HEARING ANNOUNCEMENTS

Supervisor's Report on Use of Force EMPLOYEE / NON-EMPLOYEE INFORMATION

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Employee Witnesses

Emp. #	Last Name	First Name	Middle Name
	Sotomayor	Mayra	
Emp. #	Last Name	First Name	Middle Name
	Ayala	Eduardo	
Emp. #	Last Name	First Name	Middle Name
	Perez	Moises	
Emp. #	Last Name	First Name	Middle Name
Emp. #	Last Name	First Name	Middle Name
Emp. #	Last Name	First Name	Middle Name

Non-Employee Witnesses

Last Name	First Name	Middle Name	Age	D.O.B.
			51	
Street Address		City	Zip Code	Work Ph. Home Ph.
Last Name	First Name	Middle Name	Age	D.O.B.
			19	
Street Address		City	Zip Code	Work Ph. Home Ph.
Last Name	First Name	Middle Name	Age	D.O.B.
Street Address		City	Zip Code	Work Ph. Home Ph.
Last Name	First Name	Middle Name	Age	D.O.B.
Street Address		City	Zip Code	Work Ph. Home Ph.
Last Name	First Name	Middle Name	Age	D.O.B.
Street Address		City	Zip Code	Work Ph. Home Ph.
Last Name	First Name	Middle Name	Age	D.O.B.
Street Address		City	Zip Code	Work Ph. Home Ph.
Last Name	First Name	Middle Name	Age	D.O.B.
Street Address		City	Zip Code	Work Ph. Home Ph.
Last Name	First Name	Middle Name	Age	D.O.B.
Street Address		City	Zip Code	Work Ph. Home Ph.

☐ Additional Witness

9 1 1 - 0 8 0 4 2 - 0 5 6 2 - 1 4 5

Method

(AW) Arwen	(FH) Firearm (Handgun)	(PO) Personal Weapon (Other)
(BC) Baton: (Control)	(FR) Firearm (Rifle)	(RS) Resistance
(BI) Baton: (Impact)	(FS) Firearm (Shotgun)	(CN) Restraint Device (Capture Net)
(BF) Bodily Fluids	(FO) Firearm (Other)	(RH) Restraint Device (Handcuffs)
(CN) Canine	(FB) Flashbang	(HB) Restraint Device: Hobble (Legs Only)
(CR) Carotid Restraint	(FL) Flashlight	(TP) Restraint Device: Hobble (TARP)
(CH) Choke Hold	(OE) Other Weapon: Edged	(RE) Restraint Device: REACT Belt
(CT) Control Holds: (Control Techniques)	(OV) Other Weapon: Vehicle	(SP) Sap
(TT) Control Holds: (Team Takedown)	(OB) Other Weapon: Blunt Object	(SH) Shield
(TD) Control Holds: (Takedown)	(OO) Other Weapon: Other	(SG) 37mm Stinger
(CE) Chemical	(PK) Personal Weapon: Feet/Leg: (Kick)	(SB) Sting Ball
(OC) Chemical Agents (OC Spray)	(PS) Personal Weapon: Feet/Leg: (Sweep)	(ST) Stun Bag
(TG) Chemical Agents (Tear Gas)	(PH) Personal Weapon (Hand/Arm)	(TR) Taser
(EX) Explosives	(PP) Personal Weapon (Push)	(UC) Uncooperative

Type of Injury

(AB) Abrasion	(DB) Dog Bite	(PA) Paralysis
(BR) Bruise	(FR) Fractures	(PW) Puncture Wound
(BU) Burn	(GS) Gunshot	(SD) Soft Tissue Damage
(CP) Complaint of Pain	(HB) Human Bite	(ST) Sprain/Twists
(CO) Concussion	(LC) Lacerations	(UN) Unconscious
(DH) Death	(ND) Nerve Damage	(RM) Refused Med Treatment
(DI) Dislocation	(OD) Organ Damage	(NN) NONE

Body Part Injured

(AD) Abdomen	(FA) Face	(HI) Hip
(AK) Ankle	(FE) Feet	(IN) Internal
(AR) Arm	(FI) Fingers	(KN) Knees
(BK) Back	(GE) Genitals	(LE) Leg
(BT) Buttocks	(GR) Groin	(NK) Neck
(CH) Chest	(HD) Hands	(NO) Nose
(EL) Elbow	(HE) Head	(SH) Shoulder
		(WR) Wrist

[illegible]

Supervisor's Report on Use of Force
911-08042-0562-145

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Force Applied

SIGNIFICANT - PERSONAL WEAPONS (FIST)

Incident Details

Deputy Steven Mikesell along with Deputies Moises Perez, Eduardo Ayala, and Mayra Sotomayor responded to a report of illegal fireworks. Their investigation led them to the detention of the suspect (Ernesto Jimenez) along with his [REDACTED] and his [REDACTED].

Deputy Mikesell determined the suspect was in possession of illegal fireworks and had cited him. Deputy Mikesell was documenting and collecting his evidence when the suspect became angry and began to vent his anger at the deputies. Deputy Mikesell attempted to reason with the suspect and told him it was best if he went inside his home. The suspect was uncooperative. Deputy Mikesell told me he believed the suspect's behavior was influenced by the suspect's alcohol consumption.

For an unknown reason, Suspect Jimenez walked up to Deputies Sotomayor, Perez and Ayala and began to yell at them saying the deputies, "were not gods." The suspect closed to within striking distance. The suspect then threw his citation on the ground. The deputies did not react to the suspect at this time as they were guarding the confiscated fireworks. The suspect closed to within a few feet of Deputies Ayala, Sotomayor, Perez and Mikesell.

The suspect took a combative stance, made a fist of both his hands and began to stare at Deputy Sotomayor. Deputy Mikesell recognized the suspect's assaultive stance, demeanor and actions as indicators to an assault. Deputy Mikesell had to react quickly and responded to the suspect's personal weapons assault with one quick defensive strike with his right hand to the suspect's face.

This Departmentally taught and approved strike had an immediate effect as it knocked the suspect back and onto the asphalt driveway on his back. The suspect was then handcuffed. Deputy Mikesell saw his strike had caused the suspect to bleed from his nose. There was no further incident.

Los Angeles County Fire Squad 90 was requested and provided first aid to the suspect's bleeding nose. The suspect was transported to Los Angeles County Medical Center (USC) via ambulance where he was treated for a face fracture. He was subsequently processed into the custody of Los Angeles County Medical Center (USC)'s Los Angeles County Sheriff Jail Ward. He was issued patient # [REDACTED].

Reported Use of Force by Involved Employee(s)

Deputy Mikesell immediately reported his force to me verbally in the field at the scene. I later reviewed his written incident report under the above file number and found it to be an accurate description as what he told me.

Supervisor's Report on Use of Force
911-08042-0562-145

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Witness Interview(s)

At the scene, I contacted [REDACTED] who identified herself as the [REDACTED] of Suspect Jimenez. [REDACTED] said she did not witness the contact between Deputy Mikesell and her [REDACTED] (Suspect Jimenez) but only attempted to help him when he was on the ground. It should be noted [REDACTED] is a Spanish speaker only and my video interview was conducted with Deputy M. Perez acting as a translator.

I spoke to [REDACTED] who identified himself as the suspect's [REDACTED] and said he saw and heard his [REDACTED] yell out at the deputies and challenge them with his actions. [REDACTED] saw his [REDACTED] approach the deputies and he saw Deputy Mikesell hit him once to the face with his fist. He did not witness any other force.

I spoke with [REDACTED] who also identified himself as a [REDACTED] of the suspect. He saw and heard his [REDACTED] yelling at the deputies and closed distance between them. [REDACTED] saw deputy Mikesell strike his [REDACTED] once. The suspect fell to the ground and then began to yell about "cancer." He did not witness any other force.

[REDACTED] was also present and witnessed the incident. [REDACTED] described himself as a [REDACTED] and [REDACTED] of the suspect and said he heard the deputies trying to reason with the suspect but he was uncooperative. He saw Deputy Mikesell strike the suspect with his right hand to the suspect's face. The suspect fell back onto the asphalt and that was the end of the incident. [REDACTED] said the suspect had been drinking alcohol and he believed the suspect's alcohol intoxication was the reason for his aggressive behavior. He did not witness any other force.

At the scene, I was also contacted by Deputies Ayala, Sotomayor, and Perez. Each deputy told me about witnessing the force used by Deputy Mikesell. Each deputy was instructed to write a supplemental report documenting the incident. I later reviewed their reports and found them to be an accurate report of what was reported to me in the field.

Suspect Interview(s)

Suspect Interview(s) Conducted By: ☒ Watch Commander ☒ Supervising Sergeant

In the field, I attempted to interview Suspect Jimenez but he was unresponsive to my questions.

EM Watch Commander Sergeant A. Moreno and myself drove to Los Angeles County Medical Center Emergency Room and spoke to Suspect Jimenez. Suspect Jimenez had no recollection to the events that led up to his being transported to the hospital. We asked Suspect Jimenez what his injuries were and he said he was uninjured. We asked Suspect Jimenez about the blood on his face and he told us that he takes a blood thinning drug for his cancer and bleeding is a side effect.

Supervisor's Report on Use of Force
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Medical Review

I spoke to supervising Dr. Allisandra Confroto regarding the suspect's condition. I told her about the incident and force used on him by Deputy Mikesell. She told me his injury was consistent with that of a person getting punched in the face.

Suspect Jimenez was admitted into the Medical Center Jail Ward for observation. Due to his admittance, injury documentation was not released to us.

Training & Tactical Review

☒ **Debriefing held to discuss training and tactical issues.**

Upon conclusion of the incident, I spoke to all deputies involved. All deputies agreed that although the suspect precipitated his assault, it was the quick action by Deputy Mikesell that resolved the incident with decisive and minimal force used. We also spoke about other options available and safety equipment. All deputies agreed to safety equipment use in lieu of a personal weapons would have been a better option, but the actions of the suspect evolved too quickly in this incident.

The force used by Deputy Mikesell in reaction to the suspects assault on deputy personnel was objectively reasonable, justified, properly reported and within department policy.

I recommend this matter closed and no further action.

Watch Commander's Review

I agree with Sergeant Ruiz' debriefing and assessment. Having reviewed Sergeant Ruiz' report, I agree with his findings and recommendation. The force used by Deputy Mikesell was necessary and objectively reasonable. Once Deputy Mikesell recognized Suspect Jimenez as an assaultive threat, he took action and neutralized the suspect. His action prevented the suspect from injuring the other deputies.

I also recommend no further action be taken in this matter.

Case Status

Suspect Jimenez has a pre-trial hearing set for December 8, 2011.